East Prince Health

ANNUAL REPORT

1999 - 2000

Providing services that make a difference

Recognizing our achievements

Healthy, independant islanders

Celebrating our Clients

Working towards a brighter future

A team approach to health care

Contributing to a brighter and healthier future for families, individuals and communities.

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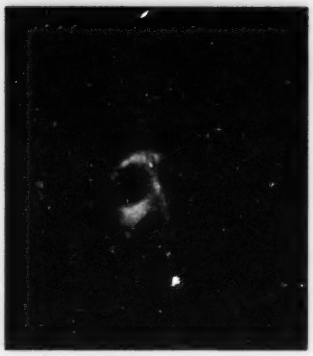


Message from the Board Chair

On behalf of the East Prince Health Board, I am pleased to present this comprehensive Annual Report of our regional activities for the fiscal year April 1, 1999 to March 31, 2000. Although it seems an impossible task to include all the incredible challenges and initiatives our many staff, physicians and volunteers are exposed to on a daily basis, I hope this report will give you a sense of what makes East Prince Health a special place for those who access our services and work for our organization.

Early in the year 2000, our governing body, the volunteer and regionally based Community Health Board commenced a process of renewal. Our new members underwent orientation of our Board's mandate and the business of East Prince Health. We also reviewed, and where required, revised board policies, structure and monitoring processes. Our current Board structure is detailed later in this report.

In the fall of 2000, the Board will lead a process of consultation with staff, physicians and community to identify the needs and priorities of East Prince and to develop policy to guide the organization. The resulting "Ends" policies will form the basis for more detailed planning for our future.

Planning for the new regional health facility remains a priority for East Prince Health, and the Board continues to be very much involved in that process.

We are working closely with Dave Riley, our regional CEO, to ensure that staff and volunteers who contribute to our region are truly meeting the healthcare and social service needs of our community.

With advances in technology, treatment methods, an increased focus on wellness promotion and health education, we feel a renewed sense of optimism that the future will hold many new and exciting challenges.

I am proud to provide introductory remarks to this comprehensive review of our activities during the fiscal year 1999-2000. I hope you find the information enlightening.

Respectfully submitted,
Katherine Kelly– Board Chair

A Message from the CEO

It has been a very exciting year for East Prince Health. We have completed an important milestone in planning our new health facility – the Master and Functional planning documents which basically provide a reference for design and construction of our new facility.

These documents were achieved through a team effort which involved staff, physicians, government and the community. Twenty eight user groups met throughout the year to achieve a very detailed snapshot of what services will look like in our new facilty. In many cases, the plan involves regional directions for our services in the future because we now live in a team oriented atmosphere of health care and social services. All 11 of our service sights throughout East Prince rely on a solid foundation of teamwork and dedication . With these challenging times, I am proud to say that our many staff, physicians, and volunteers have the spirit and dedication to ensure excellence, professionalism and compassion which define East Prince Health.

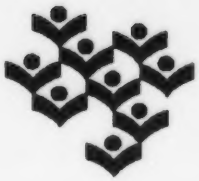
I wish to recognize the many other initiatives presented in this year's Annual Report. From our recent efforts to reward and recognize staff for their professionalism and dedication, our advances in labour and management relations, shared decision making and many innovations, East Prince Health is truly emerging as a model environment for team work in healthcare.

In these very challenging times in healthcare, I am truly overwhelmed by the dedication and personal sacrifices made daily by our many physicians, staff and volunteers. On a daily basis we are reminded of the contributions health care and health educational development can make in people's lives.

Respectfully submitted,

Dave Riley
CEO – East Prince Health

East Prince Health



Our purpose

Contributing to a brighter and healthier future for families, individuals and communities.

Our Vision

To provide services that make a difference.

To be catalysts in developing, promoting and enhancing a resourceful, self-reliant community.

To develop a client-focused, empowering and motivating work environment.

To be an integrated focal point of service.

To create sustainability through smart business management.

Our Principles and Values

We want nothing more, nothing less for our clients than what we want for ourselves.

We believe in the community's ability to use its resources to create a bright and optimistic future.

We will never compromise on integrity, advocacy and high ethical standards and we will recognize and honour those who display these values.

We will encourage and reward creativity, teamwork and risk taking in our quest to support the best possible outcomes for the community.

We value our staff and their dreams, as our greatest resource.

We will go the extra mile, seeking continuous improvement and growing together with those we serve.

We believe that partnerships, open and honest communication and grassroots active community participation will keep us focused on the right priorities.

Our Structure

East Prince Health is governed by a volunteer community board. This board is responsible for setting and monitoring the policies which guide our organization. An essential part of this work involves regularly and consistently linking with the people of East Prince so that the direction of our health system reflects the priorities of our community.

As a link between the community and the health system, the East Prince Health Board was encouraged by the government decision in 1998 to renew its commitment to regional board governance. Further, in 1999, processes for election and appointment of new members to the regional health boards were put in place. These developments set the stage for a board renewal process which will ultimately include review and, where necessary, revision of the governing policies of East Prince Health.

Board Election and Appointment of New Members

Beginning in 1999, all five regional health Boards on PEI will be composed of a combination of elected and appointed (by the Minister) members. By 2002, after a period of transition, the East Prince Health Board will be composed of five elected members, representing each of five electoral zones within East Prince, and four appointed members. All members will serve three year terms.

During 1999, Angie Cormier and Gerald McCarville retired from the East Prince Health Board. We thank them for their many years of committed service as board members. The first election of new members to the Board occurred at the 1999 Annual Meeting of East Prince Health. Newly elected members were: Stewart Affleck, representing Zone 1 and Barry Murray, representing Zone 2. Henri Gallant, Gertrude Trainor, and Carol Peters were appointed to the Board by the Minister of Health and Social Services early in 2000.

1999 – 2000 Board Members

- Katherine Kelly, Summerside: Chair
- Marilyn Sark, Lennox Island
- Ron Maynard, Port Hill
- Maynard Schurman, Summerside
- Stewart Affleck, Bedeque
- Barry Murray, Sea View
- Henri Gallant, St. Raphael
- Carol Peters, Summerside
- Gertrude Trainor, Kinkora

Structure continued

The organizational structure of East Prince Health is designed to reflect a program management approach to service delivery. One of the most important goals of this process was to improve the integration or teamwork among the services throughout the region.

Toward this goal, services were clustered into program groupings according to:

- age group (children, youth and families, seniors and continuing care)
- clientele (Mental Health, Psychiatry and Addictions)
- services that support all ages (Acute Medical, Independence through Support) and
- services that support the organization (i.e Diagnostics, Therapeutics and Support, Organizational Management, and Information Management.

There are ten program areas in East Prince Health:

Administrative Services
Information Management
Child, Youth and Family
Diagnostic, Therapeutic and Support Services
Addictions, Psychiatry and Mental Health
Organizational Development
Seniors and Continuing Care
Independence through Support
Acute Medical
and Physician Services

Human Resources

East Prince Health is fortunate to have dedicated staff, physicians and volunteers who have offered their knowledge, skills and time to individuals and families within East Prince Health.

Where there have been difficulties replacing or recruiting staff for some departments and services, many staff and physicians have carried heavier loads than usual, and sometimes for a lengthy period of time.

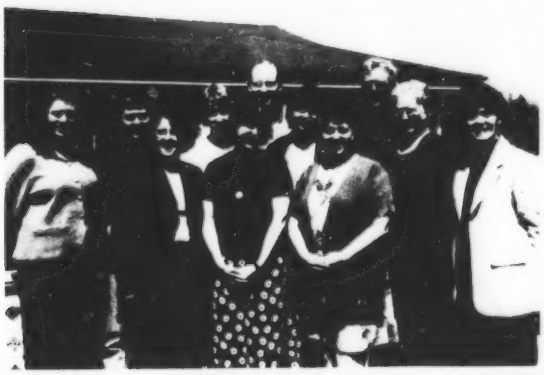
The health system faces significant challenges, both in short term and in long term planning for human resources. Providing programs and services for our communities requires a *healthy* supply of service providers, those folks who represent the hearts, heads and hands of health care.

There are a number of factors to consider, including an aging workforce, competition for the resources that are available, workload and job satisfaction issues, and challenges associated with recruitment of young people into the health professions. Professional development, workplace health and safety, wellness for staff, physicians and volunteers are key. All of these areas continue to be important elements of any planning within East Prince Health.

Human Resources is working to ensure that East Prince Health operates in an environment where teamwork and multi-level involvement in decision making is the norm in the workplace.

The region encourages active participation in programs such as the Health Care Futures program which introduces career options and involves students in the health care environments.

Staff deserve to be greatly commended for their daily efforts as there have been many family functions, personal holidays, professional development days and simply days off, that have been missed so that programs and services are available.



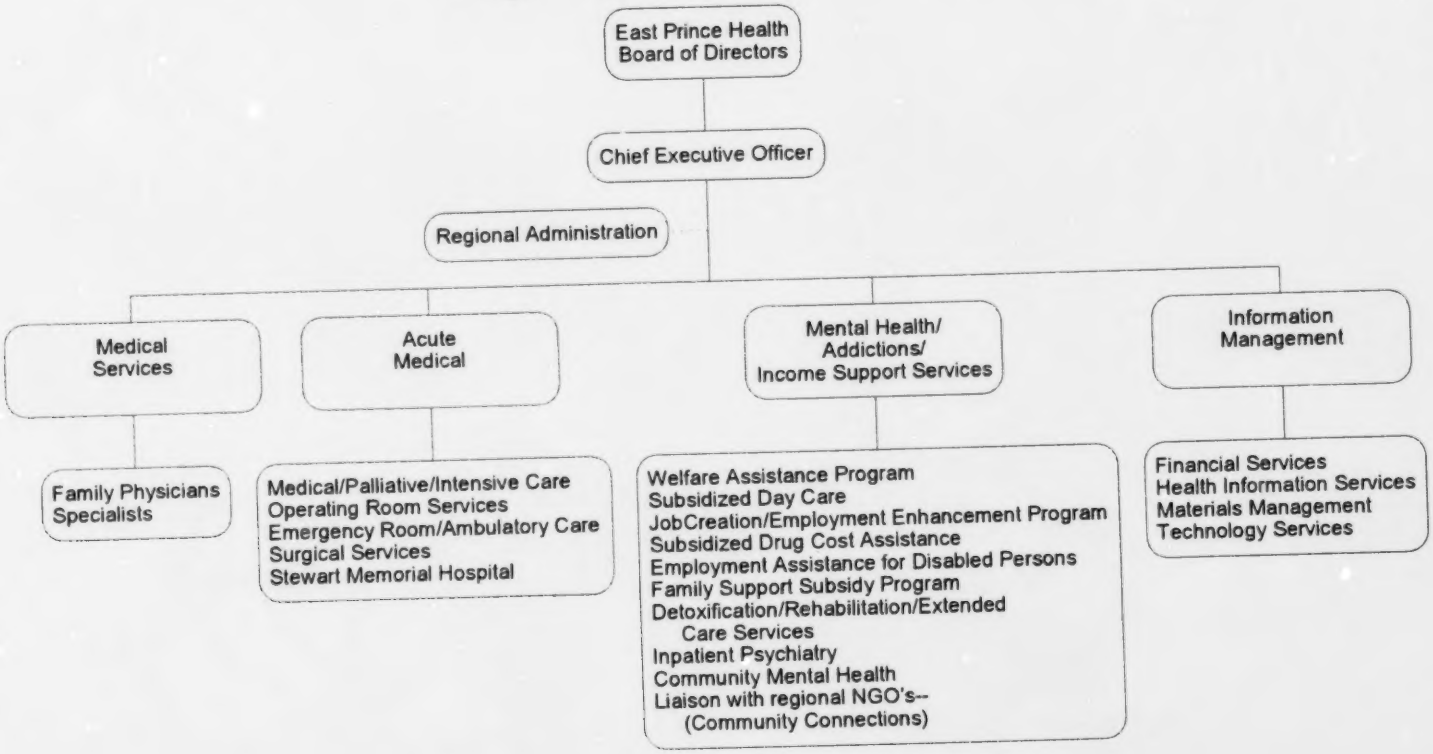
Staffing Summary

East Prince Health Staffing Summary as of March, 2000				
Site	***Positions***	***Frontline***	***Management***	***Senior Management***
Prince County Hospital	419	406	13	
Stewart Memorial Hospital	37	36	1	
Addiction Services	31	30	1	
Child & Family Services	32	29	3	
Family Focus	3	3		
Income Support	19	18	1	
Mental Health	11	10	1	
Summerset Manor	112	109	3	
Wedgewood Manor	97	95	2	
Home Care	31	30	1	
Housing	4	3	1	
Public Health	13	12	1	
Evangeline Health Centre	4	3	1	
Payroll Services	3	3		
Business Office	8	8		
Organizational Development	10	10		
Regional Administration	19	4	6	9
Facility Planning	2	2		
Total	***855***	***811***	**** 35***	***9***

*** Management (middle management) spend a percentage of time providing frontline service.**

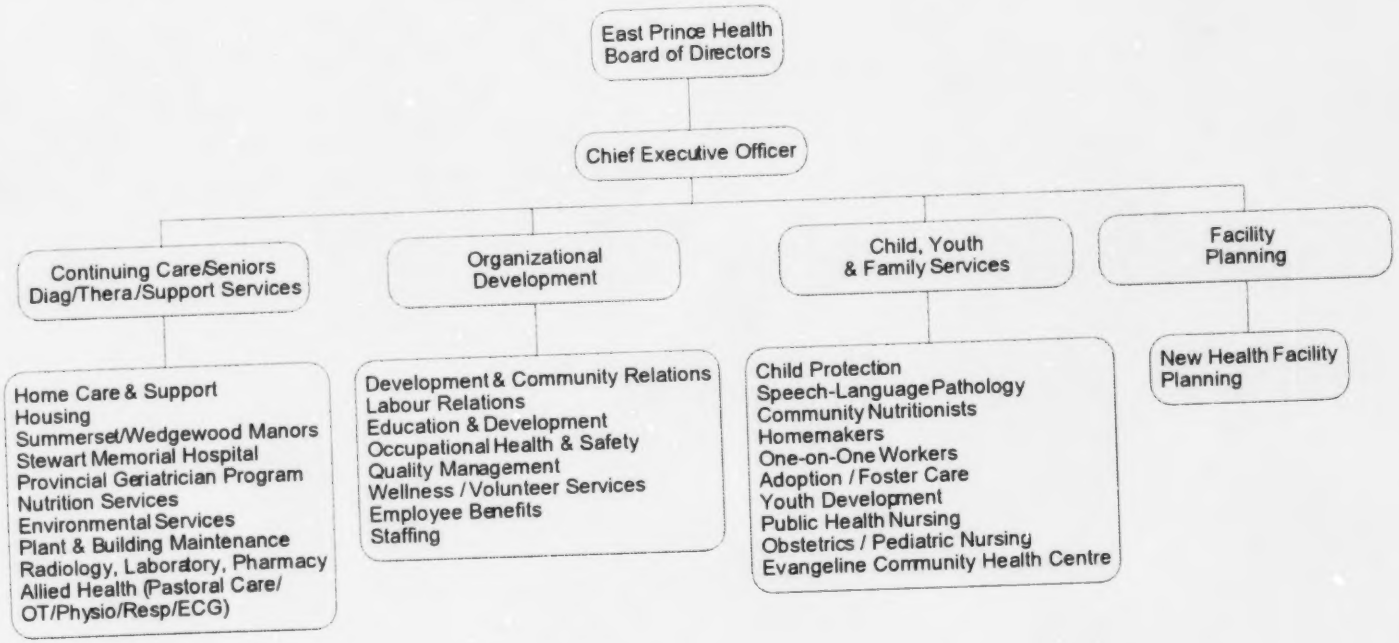
**** Chart does not reflect ongoing casual staff support.**

East Prince Health
Organizational Chart



Part A

East Prince Health
Organizational Chart



Part B

New Health Facility

With so many advances in patient care and technology, this is an exciting time to be designing a new health facility and it is also a time to redesign the way healthcare services in East Prince will be delivered in the future.

Throughout the past year, staff, physicians, community and government representatives have devoted countless hours to the extensive detail associated in planning a replacement for Prince County Hospital.

The resulting preliminary plans and designs reflect priorities of appropriate, efficient, and client-centred care. For example, the new facility will have an expanded Ambulatory Care Centre to serve outpatients with scheduled visits, whether they are coming in for a blood test, a minor surgical procedure, or to have a cast removed. The Critical Care Centre will house emergency and intensive care services. By separating outpatient and emergency services the goal is to more appropriately serve the public whether urgent or less urgent care is required.

The planning process has offered many more opportunities to improve efficiency. For example, all diagnostic services will be in one area, such as the laboratory, X-Ray, CT Scanning and other diagnostic imaging services. Community Mental Health and Acute Mental Health services will also be located together to improve coordination and enhance after care services.

One of the planning process guiding principles is to ensure that care is focused on the patient and not the service. For example, there will be four palliative care rooms with appropriate space for families. Each new mother will receive labour, delivery, recovery and post-partum care in one private room designed for the family as well. Many wellness and counselling programs will be offered to patients and families throughout their healing and recovery process. Patients and visitors will be welcomed through a bright lobby area leading to the cafeteria, Foundation, gift shop and Health Resource Centre.

Directing a planning process of this magnitude is no small challenge. Together with staff, physicians, foundation and community members, planners are tasked with achieving a balance of many factors including space, cost, technology and process redesign that will meet clients' needs for years to come.

Planners see this new facility as a central liaison point to all regional health services. With that focus in mind, services must be planned with all aspects of healthcare considered - for example, the physical, emotional, spiritual and environmental aspects of health.

The plan is to have the facility cover 180,000 square feet which is significantly larger than the current Prince County Hospital. The new East Prince Health facility will be built on a recently purchased property northeast of the intersection of Granville Street and Walker Avenue, near the Zellers store in Summerside. The site will provide good access for greater Summerside and rural clients from Route 2. It is also close to the main Summerside population and seniors housing.

Services planned for the new health facility:

Addictions: outpatient, aftercare, rehabiltation, gambling and day programs for youth, men and women on site.
Ambulatory care: the delivery of services on an out-patient basis in a convenient, accessible location. Services include: asthma & diabetes education, cardio-pulmonary testing & treatment, endoscopy, minor surgery, nursing clinics, nutrition counseling and oncology.
Community liaison with Home Care & Public Health: on-site office provides easy access to patients requiring follow-up services.
Digital Imaging & CT Scanning: some of the latest in enhanced radiology technology.
Emergency: significantly larger, providing more dedicated confidential space for patient care.
Health Resource Center: a wealth of health information for patients, community and staff.
Information Technology: capacity for the latest of health information systems.
Intermediate Care Unit: an intermediate care level between intensive care and the general nursing unit.
Medical & non- Medical Equipment: much of the facility's equipment will be new.
Mental Health: community mental health counseling, psychiatric day programs and in-patient care will be co-located in the new facility.
Nutrition Services: flexibility in meal service times and delivery systems such as a buffet lunch on the obstetrics unit.
Obstetrics: an increases in the number of labour-delivery-recovery-postpartum suites.
Restorative care: dedicated services to those patients needing a return to optimal functioning prior to going home, avoiding premature entry into long-term care.
Palliative care: 4 beds for specialized care of palliative patients and their families.
Pediatrics: medical day care and patient rooms accommodating parents.
Pharmacy: enhanced medication education to patients, staff and physicians.
Rehabilitative services; speech language pathology on-site providing more service to adults and better service to the pediatric OT population.

Physician Update

East Prince Health physicians use a 'team approach' towards physician recruiting which means that the medical staff and the health region cooperate in the planning and recruitment of doctors.

As a result over the past year we have been successful in recruiting:
Dr. Eric Thomas, Anaesthetist, who was previously practicing anaesthesiology at Lancaster General Hospital in Pennsylvania. Dr. Thomas has joined the medical staff on a full-time basis and has taken up residence in Summerside with his wife, Gretchen and their four children .

Dr. Stacey Champion will also be joining the medical staff roster this fall. Dr. Champion is a recent graduate from Dalhousie University Family Medicine Residency Program. She will be establishing her family practice at the Summerside Medical Centre.

Other recruitment efforts continue for radiology, psychiatry, family medicine, obstetrics and anaesthetists.

Physician Complement: Every year the Provincial Physician Resource Planning Committee reviews and approves the physician complement for each region. This is the total number of physicians allowed for each specialty area based on demographics, projected health needs and current utilization patterns. This year, East Prince physicians have been successful in gaining approval for increases in their physician complement. Family practices have seen an increase of one to a total complement of 20; anaesthesia and obstetrics have both seen an increase of one to a complement of 3 each.

New Approach for ER Services: In the near future, Emergency Room (ER) Services at Prince County Hospital will see a move towards full-time ER physicians as opposed to the tradition of having family medicine physicians doing on-call in ER on a rotational basis. This transition will be gradually phased in beginning with the appointment of a Chief of Emergency Services followed by 2 more full-time emergency services physicians. This change-over will allow family practitioners more time to focus on their private practices, while at the same time developing a core of physicians with a higher degree of specilialization in the increasingly demanding discipline of emergency medicine.

Advance Directives: East Prince Health Physicians continue to take a lead role in educating and informing their patients and the public on advance directives and the process involved for completing a directive. Advance Directives are patient-centered and they allow you to make decisions about your future medical treatment.

Organ Retrieval: Training and continuing education for performing retrievals continues to be a high priority to our physicians. Three local physicians, Dr. Wassim Salamoun, Dr. Frank Estey and Dr. Bill Walker have recently been certified by the New Brunswick Eye Bank for Corneal Retrieval.

The Island's geriatrician, Dr. H. Zacharias, has been practicing on PEI for almost two years now. The service is based out of East Prince Health and has contact centers in all the health regions. Referrals are received from family physicians requesting specialized geriatric assessment of their clients. The target population is the frail elderly who may be experiencing problems in areas such as memory decline, mobility, depression, functional decline, medication issues, etc.

The program takes a team approach working closely with the client, family, physician, homecare, rehabilitative services and relevant others. The number of referrals from across PEI is steadily increasing. Home visits are made when more appropriate. The program also provides education and information to caregivers, staff, community groups, etc.

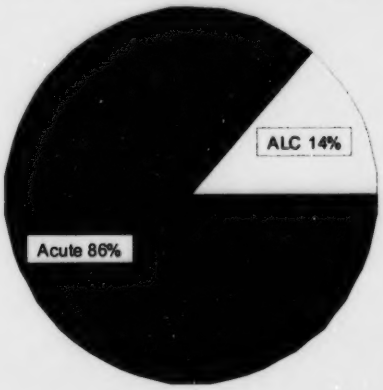
Some topics covered in the past year included Alzheimer Disease, Depression in the Elderly, Psychotropic medications use, Parkinson's Disease, Behavior Management and Restorative Care.

Over the past year the program also had opportunity for input into:
— developing provincial guidelines for Special Care Units in long-term care facilities in PEI
— guardianship and competency assessment
— planning psychogeriatric services in PEI
— restorative care services in PEI

Alternative Level of Care
Non- Acute Patient Days

An Alternative Level of Care (ALC) patient has finished the acute care phase of his / her treatment but remains in the acute care bed. Such patients may be waiting transfer to home care or long term care, etc.

Alternative level of care patients contributed to 14% of the total patient days at Prince County Hospital.



Moving Towards Wellness

Creating a healthy community involves the active pursuit of wellness since we now know that the leading causes of death are related to lifestyle and can be prevented. This past year, East Prince Health has commited to making a healthy difference for families, individuals and communities through an increased emphasis on health promotion and disease prevention activities. In order to assist people to make informed decisions that reduce health risks and enhance their overall health and well-being, several initiatives took place to support this commitment. Examples are:

1) Community Wellness Day: This event, called "Lifestyle 2000" took place in February at Three Oaks High School. Over 90 members of the public attended to hear wellness related presentations. It was part of our ongoing effort to open our doors and reach out to the community with reliable health information.

2) Spring Into Health: This smoking cessation event drew 50 people to an evening session led by Dr. Jerry Brosky, a tobacco cessation expert from Dalhousie University. The event featured displays from many of our health partners on the various cessation methods available on PEI.

3) Wellness Minutes: East Prince Health took to the airwaves by partnering with our local radio station C102 FM to bring healthy messages to the community. Every day at 8:40 am a wellness minute is aired with a different theme promoted each month.

4) Showcase 2000: Over 8000 visitors were attracted to this local trade show this past year and East Prince Health responded with a booth that focused on wellness education with a "Wellness begins at Home" theme.

It was clear that there is a greater acceptance of people assuming responsibility for their own personal health. They are seeking out the information they need to make informed decisions that will reduce risks and enhance their quality of life. East Prince Health will continue to support these efforts through wellness education and awareness events that support individuals to make healthy lifestyle choices.

During the coming year, particular emphasis will be placed on the health of our employees through the implementation of a workplace health system. This is part of the ongoing commitment to focus on promoting wellness throughout our organization as well as in the broader community.

Population Facts

⇒ The current baby boomer generation (30-50 year olds) will be 50-70 years of age by the year 2016.

⇒ The 50-69 year old population will increase by 31% by 2016.

⇒ The 70 year plus population will increase by 21% by 2016.

⇒ Overall the 50 year plus population will increase by 28% by 2016.

Acute Care

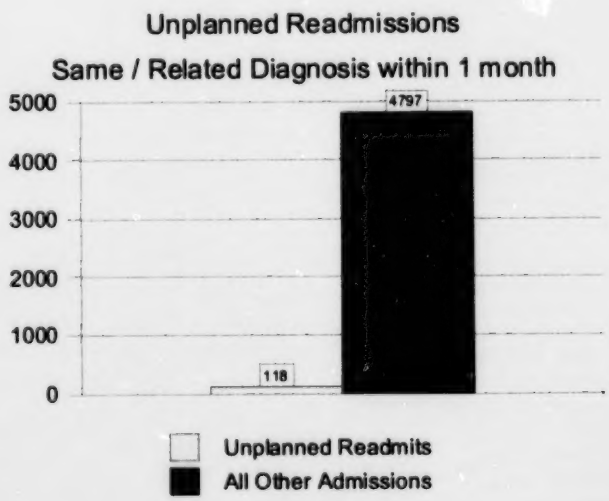
Nursing Recruitment: There are many new and continuing efforts to recruit nurses into the health region. These include the hiring of third year nursing students into acute care over the summer, Christmas and spring breaks. As well, a Mentorship Program for nursing graduates has been positively received with 9 new graduates participating in the program this year at Prince County Hospital. Two nursing students from Ireland were on site at Prince County Hospital July 5 - 14, 2000 to learn more about our health care system. Healthcare Futures students were also on site during the summer and had the opportunity to participate in many health care delivery programs. Prince County Hospital has also promoted nursing recruitment by accepting nursing students for clinical rotations on Obstetrics, Pediatrics and Surgery floors.

Palliative Care: Four beds have been designated for Palliative Care on our Medical unit with a 4 patient : 1 RN nurse ratio. The goals of this restructuring initiative are: to more effectively meet the needs of palliative care patients and their families; to provide more specific symptom management; and to assist these patients to return to their home environment wherever feasible and desired. East Prince Health is participating in a Palliative Care pilot project which has enabled a broad-based team of health care professionals to gain more education and training specific to the health care needs of these patients and their families.

VITAL Project: The intensive care unit at Prince County Hospital developed plans to link up with a computerized on-line program called VITAL in September, 2000. This program will enable us to communicate with the out of province cardiac referral centre in St. John directly on line. The VITAL program will enhance our ability to send and receive up to date transfer information on patients requiring immediate out of province cardiac referrals.

Unplanned readmissions with the same or related diagnosis within one month represent 2.4% (118 cases) of the total inpatient cases during April 99 - March 2000.

Continued monitoring of this measurement will provide a better understanding regarding the reasons for such readmissions.



Child & Family Services staff attended the Provincial Child Welfare Conference held at Stanley Bridge Resort in October 1999. The keynote speaker was Dr. Nico Trocme who presented his research findings on child neglect, its impact and implications for child welfare practice in the community.

Fast ForWord, a computer assisted speech-language program proven to be effective in achieving quick results, was piloted in three schools in our community. The pilot involved a partnership among East Prince Health, the Western School Board and the French School Board.

The Child, Youth and Family Program organized the interdisciplinary Teen Sexuality, Teen Pregnancy and Teen Parenting Committee whose purpose is to develop improved means for working with this population. A wide range of services are needed for this population. An outcome of this committee is the LiPPY Project which is detailed later in this report.

The Homemakers at Child & Family Services conducted two group sessions in the Summer of 1999, one for young moms and the other for their children. The purpose of the moms groups is to give socially isolated moms the opportunity to learn social and parenting skills. The children's groups focuses on age appropriate development and fun! The success of these groups is largely due to the community's contribution through speakers, donations and collaborations.

Public Health Nursing programs were diverse over the past year. Highlights included the LoPHID Survey, the LiPPY Program, the Breastfeeding Support Focus and the establishment of infant CPR class referrals through the prenatal assessment program.

The **Local Public Health Infrastructure Development** (LoPHID) project was part of the National Health Surveillance Infostructure (NHSI) initiative. NHSI projects respond to the needs of health professionals to deal with issues that affect the health of a population.

Prenatal and postnatal education and support was the focus of LoPHID on PEI. Areas such as low birth weight, family size, use of public health services, quality and coverage of health services were included in the survey.

From October 1999 to February, 2000, 755 women from all regions on PEI were interviewed. Participants were from all mothers who had given birth in 1998, as well as doctors, maternity floor nurses, nutritionists, and Public Health Nurses. Women were interviewed as to their experiences with prenatal and postnatal education. Service providers were interviewed on how they offer service.

As a result, prenatal and postnatal education and support have been identified as key areas that influence the health of parents and babies. Strengthening and enhancing these services ensures the best possible impact on healthy child development and provides parents with support and guidance in adjusting to parenthood.

Literacy For Pregnant and Parenting Youth Program (LiPPY)

It is well documented across North America that an alarmingly high percentage of young women are giving birth to children early in life. The LiPPY Vision is to improve literacy levels for parents aged 14-24, thereby increasing opportunities for higher education, employability, and greater economic potential, as well as optimal health including emotional and physical well being.

The LiPPY Mission is to identify/remove existing barriers preventing young parents from achieving higher literacy skills along with furthering their access to supports appropriate to meet their needs. LiPPY aims to determine the population of pregnant and parenting youth, prepare measurement tools and identify the barriers described by measuring awareness of the level of available resources and confidence.

Breastfeeding Support Service for Mothers – Support for mothers who have chosen to breastfeed is an important priority world wide. Recently, the Child, Youth and Family Program, conducted a focus group meeting with service providers, community groups and mothers, to address issues pertaining to breastfeeding support in East Prince.

From that meeting it was noted that while many positive supports are already in place, a number of issues needed to be addressed. The group supports comprehensive improvements in patient education, such as improved information materials on breastfeeding, enhanced lactation consultancy services, parenting rooms / meals for 'border baby' moms in hospital, and more Community Support Groups for Breastfeeding. The people/professionals invited to this focus group meeting share a common interest in supporting and promoting breastfeeding.

Infant and Child CPR Classes

Education is one of the ways that Public Health Nursing helps individuals and families maintain health and to choose healthier lifestyle choices. Public Health Nursing includes the prevention of illness and the promotion of health in it's list of objectives.

In September 1999, the first infant CPR class was offered to expectant parents attending prenatal classes in Summerside. John Mitchell, a porter at Prince County Hospital and CPR instructor for the Heart and Stroke Foundation, teamed up with Carrie Chappell, a nurse from the Public Health Office in Summerside to develop the classes.

Mr. Mitchell volunteers his time to teach the classes allowing expectant parents to participate free of charge. He has been very fortunate in that local businesses cover the cost of the mannequins and books that are necessary for the class.

Since, September 1999, the class registration list has been full and a lot of positive feedback has been received from the parents who have taken the class. In response to some of the feedback from the parents, child CPR has been incorporated into the class to complement the infant CPR material.

Expectant parents are introduced to the infant CPR class when they come to Public Health for a prenatal assessment. Twenty people may register for each class. Mr. Mitchell has also provided CPR classes for West Prince Public Health and for Kids R First.

In the East Prince region, the infant and child CPR class has been added to the pre-existing prenatal classes, which are currently being revised. The CPR classes are held on the first Monday of every month, excluding July, and expectant parents continue to register during a prenatal assessment or through the Summerside Public Health Office.

The Pastoral Care Advisory Committee had a successful year , particularly in the area of policy development for visiting clergy and religious literature distribution for Acute and Long Term Care. Community clergy have made a tremendous contribution in continuing their dedication to the emergency on-call roster for Prince County Hospital. Clergy are also regular participants in scheduled worship services and visitors to patients and residents in both Acute Care and Long Term Care facilities.

Over the last year one or more representatives from each of these program areas have worked in partnership with the facility planning and multidisciplinary teams contributing to the development of the functional program and design of the new health facility for East Prince.

As the trend in health care is toward more ambulatory (minor procedures) and community based services, the Allied Health Services Team is working on a number of other initiatives to promote friendly, efficient and effective programs.

East Prince Health Addictions Services has been very active in developing new outpatient detoxification, counselling, rehabilitation and aftercare services as the new provincial addictions program is launched.

Addictions Services has realigned its staffing compliment in detoxification, rehabiltation, and extended care to prepare for the transition to ambulatory detoxification and the expanded community programs which were scheduled to begin in the fall of 2000.

Addictions staff from Detoxification and Rehabilitation have been participating on provincial committees to establish provincial standards, referral processes, forms, etc. for these services. All nursing staff in Detoxification have been trained to facilitate the new Pathways program, a featured educational component of the ambulatory detoxification program.

Over the year, East Prince Health Addictions Services hired two full-time youth counsellors in April/May 99. A partnership with the Western School Board to provide 9 Student Assistance Programs for the 1999-2000 school year – Evangeline (2), Kensington Intermediate/Senior High (1), Summerside Intermediate School (4), Three Oaks Senior High (1), and Educational Alternative Program (1).

Also one-on-one weekly counselling sessions were established at Kensington Intermediate/Senior High to alleviate travel barriers for youth in accessing addiction counselling. Addiction Services also partnered with West Prince to provide a youth/parent education program, and a four session weekly program in January and February of 2000. Parents were provided sessions by the family counsellor while two youth counsellors (one from East and one from West Prince) provided the sessions to the youths with cooperation from their parents.

This past year was the first time East Prince offered an Adult Children of Alcoholics Program. This six session, weekly program was offered in the fall of 1999 and a weekly facilitator-lead support group was created for Adult Children of Alcoholics.

Addiction Services recognized the need to provide services in the community of Evangeline and particularly, services in the french language. The new Treatment Services Counsellor provides counselling in french and has weekly office hours on Tuesdays at the Evangeline Health Clinic. Program and assessment forms are translated into french.

Addictions Services Stats

Occupancy rate comparisons:
1999-2000 68%
1998-1999 73%

Detoxification admissions: 505

Addictions Services (gender):
18.9% female
81.1% male

Ambulatory Detoxification
(November, 99 to March, 2000) - 19

Rehabilitation
74 participants involved in 7 programs

Extended Care – 49 participants
Aftercare – 70 participants

Evangeline Community Health Centre

The last year has been an exciting time for the Evangeline Community Health Centre (ECHC). The Centre was very fortunate to have been chosen to participate in a National Study funded by Health Canada's Health Transition Fund and carried out by "La Fédération des communautés francophones et acadienne (FCFA) du Canada". The study reveals how community health care is being provided by four centers across the country, including the Evangeline Community Health Centre.

Twenty-nine Center users were interviewed on three specific points: how satisfied they were with the Centre's services, how important they felt the Centre's services to be, and how strongly they felt about having services available in French. Each of the factors was assessed on a scale of one to five.

The Centre scored almost perfectly in the study. The local Francophone community is highly appreciative of the Evangeline Health Centre services. The Centre's community-based approach gives it a solid presence in the local population. Although it offers primary care services, its programs are primarily focused on prevention and health promotion.

The team at the Evangeline Community Health Centre is working to identify high-risk situations for childhood development so that parents and health providers can intervene early to help the child develop to his full potential. Centre staff have been working on the criterias for speech and language services as well as for occupational therapy. This cross-training of health service providers is of great benefit for the clients and families as it helps reduce gaps in services which improve the health care services.

The integration of other service providers to the Centre will help us continue to meet the needs of the community. Addiction Services is now providing bilingual services at the Centre on a part-time basis. This has improved accessibility for clients and organizations in the Evangeline and surrounding areas.

Health Information Services is a newly formed team consisting of health records, admitting and switchboard staff. This team contributes to the mission of East Prince Health through the provision of accurate and timely information to support both clinical and management decision making.

Staff provide health record services to both Prince County Hospital and Stewart Memorial Hospital which exhibits a regional approach to health care delivery. Expanding and standardizing how we do our business has proven beneficial in terms of client satisfaction and teamwork.

The flow of patients and patient information throughout Prince County Hospital has been reviewed in detailed by a multi-service group to prepare for the new health facility, currently in design. Many improvement areas were identified and are currently being implemented where possible.

In Prince County Hospital, over 150 patients are received and registered by admitting staff and over 1000 calls are answered by switchboard staff each day. Recently, the first balanced scorecard was developed describing the activities of Prince County Hospital.

The balanced scorecard provides a graphical and narrative description of activity with a focus in four main areas:

- patient / client information (patient satisfaction)
- growth and learning information (e.g. staff training)
- internal information (infection rates)
- financial information (budget)

The balanced scorecard will be further developed over the next year to include the various services within East Prince Health.

Long Term Care

Applications for long term nursing home placements are increasing over the past several years as client demographics for this age sector increase . A significant number of residents waiting for placement are in hospital and this places stress on the ability for efficient bed utilization within the complement of acute care beds available.

Residents waited an average of 61.4 days in East Prince Health for a long term nursing bed . The Placement Committee has been very effective in assuring that residents are placed in an orderly and co-ordinated fashion as beds become available , however, the need has been identified for more beds in the Region.

Long Term Care Admissions # (excluding transfers):

April – June	15
July – Sept	18
Oct – Dec	24
Jan – Mar	23
	80

Average Wait:	
April – June	54 days
July – Sept	96
Oct – Dec	41
Jan – Mar	54.8
	61.4 days average wait for placement

Average Age (1999-2000): 82.4 years

In the last five years, the number of admissions to long-term care in East Prince Health has almost doubled from 48 placements in 1995-1996 to 80 placements in 1999-2000.

East Prince Health Innovations Program

This regional program supports the development and application of new ideas within our regional health system which have the potential to improve programs and services.

Services provided by Innovations, includes:

- Project / program planning and design
- Group facilitation;
- Group / committee development: Committee structure and roles, terms of reference, policy development;
- Partnership development;
- Grant seeking and grant writing;
- Project Evaluation and research;
- General support to new projects during initial implementation;

A Few Success Stories

Asthma Education Program: PEI has one of the highest rates of asthma and the highest rate of hospital admission rates attributed to asthma in Canada. Asthma education results in improved patient health. East and West Prince Health, in partnership with the Canada / PEI Agreement on the Promotion of Official Languages, will establish an asthma education program for Prince County.

Regional Diabetes Program: Diabetes, a serious chronic illness, is expected to increase dramatically in the near future. This trend reflects the demographics of an aging population as well as trends in lifestyle. East Prince Health, in coordination with the Provincial Diabetes Strategy, is in the process of developing a regional diabetes program.

Nova Scotia/Prince Edward Island Rural Palliative Home Care Project: Communities in rural Canada face unique challenges in accessing palliative care. East Prince Health, the Southern Kings Region on PEI, and the Northern Region of Nova Scotia, participated as pilot sites in an inter-provincial pilot project designed to 1.) improve accessibility to palliative care in the home setting, 2.) to increase support for primary care physicians, 3.) to provide increased palliative education to health service professionals and 4.) to determine the barriers to delivery of palliative home care in rural settings.

The Fair Play Project: This program teaches the skills of empathy to kindergarten aged children through music and drama. The Fair Play Project is being carried out in a partnership between East Prince Health and the East Prince Chapter of the Early Childhood Development Association of PEI. In conjunction with Triple Threats, this project aims to provide an interactive theatre presentation featuring songs and skits for kindergarten aged children and resource materials for teachers and parents.

Fast Forword is a new CD-Rom/Internet technology designed to build speech and language skills among children with language learning impairments. East Prince Health Speech Language Pathology services, in conjunction with the Western School Board and French Language School Board, is piloting Fast Forword in area schools.

The Community Labour Management Partnership (CLMP), through a grant from Labour Canada, East Prince Health has developed a model for shared decision making. The model will be tested and evaluated in a pilot project to get under way in the Fall of 2000. The project involves all four of the region's unions including CUPE, UPSE, IUOE and the Nurses Union. Senior and middle management also sit at the planning table and there are plans to involve community representatives in the project's pilot site.

As part of the process, the CLMP developed a comprehensive workplace opinion survey to focus on the areas of communications, occupational health and safety, effectiveness of staff meetings and decision making processes within the region.

CLMP works to enhance the involvement of East Prince Health staff and the community of East Prince in decision making processes where broad participation and shared ownership of decisions are essential. The project participants also work to improve the effectiveness of decisions, especially in situations involving change and innovation.

Allied Health Services

In June of 1999, five small departments in Therapeutics and Diagnostics were amalgamated under one management structure called Allied Health. The five departments were Physiotheray, Occupational Therapy, Respiratory Therapy, Electro Cardio Gram/ Stress Lab, and Pastoral Care.

In July of 1999, a secretarial position was added to provide support to these areas, including a computerized booking system for appointments and centralized telephone reception. Subsequently these initiatives have freed up more clinical time for patient care from front line staff and made appointment booking more efficient.

In Physiotherapy, for example, waiting times for an initial out-patient visit have been reduced from 6-8 weeks to 2-3 weeks with urgent referrals being seen within days. The patient is now given their appointment time on the day of request, eliminating waiting for a phone call. Physiotherapy services to Home Care and Long Term Care have also been enhanced with a full time physiotherapist providing service to Stewart Memorial Hospital, Home Care, Summerset and Wedgewood Manors.

New Stress testing equipment was purchased in the Electro Cardio Gram department in keeping with advances in technology and patient care.

Regional Recognition Program Launched

East Prince Health believes in the value and worth of staff, physicians and volunteers and is committed to the recognition of employees as the organization's greatest resource. This past year saw the successful launch of a "Regional Recognition Program" which is intended to reward and recognize the contributions made by staff, physicians and volunteers towards a brighter and healthier future for families, individuals and communities.

Two Long Service Recognition nights were held in May to recognize the dedication and commitment of staff and physicians to the organization. One hundred forty-three individuals received certificates and pins in recognition for their many years of service. The spring of 2001 will see the development of this event to include the recognition of volunteers who give so freely of their time.

The Recognition Program's next event will be held in the fall of 2000. This special evening will honour employees who have "retired" from East Prince Health over the past few years.

A dedicated Rewards and Recognition Committee continues to develop the Regional Recognition Program and the future holds great potential for the introduction of additional awards and recognition events.

Employing people with disabilities

In April, 1998, the Government of Canada signed a new agreement with the Province of PEI to provide support and assistance toward employability for people with disabilities. This agreement was the basis for the Employability Assistance for People with Disabilities program (EAPD). Previously, disability supports were under the Vocational Rehabilitation for Disabled Persons (VRPD) program.

Over the past two years, the EAPD program has provided wage subsidy for five individuals with developmental delay to assist with transition from school to the community. These five individuals are still in competitive employment today. In addition, aids and devices have been purchased to assist individuals so that they can maintain their employment. Approval has also been granted to assist in the cost of attending a post– secondary program for a number of individuals who had developed a strong case plan. In summary, the EAPD program has operated successfully over the past two years and it continues to establish itself within the existing services.

The East Prince Health Development & Education Calendar offered opportunities for employees / volunteers to participate in a total of 77 learning experiences during the fiscal year April 1/99 - March 31/2000. Fifty-nine of these programs were a half - day in length to allow employees easier attendance while at work. Many of these programs were skill building in nature. i.e. CPR, Constructive Confrontation, Balancing Work & Home. Fifteen programs were full workshop day(s) events.

A trend noted this year was the difficulty employees had in getting freed up for education events. This resulted in decreased attendance at some scheduled programs and cancellation of other programs that had been identified as a priority for this year.

Each employee 'on average' received 10.7 hours of training and education during April - March 2000.

For example, in Prince County Hospital this results to a total of 3188.6 hours (21 continuous months) dedicated to the enhancement of our employees.

Two new and exciting education events were **"The Pathways to Retirement"** workshops, and **"Financial Planning."** These two very successful learning events drew on financial expertise from the community and were partnerships between the University of Prince Edward Island's Recreation Director and a Federal Government Benefits Specialist along with the expertise of our own EPH Benefits Coordinator. The participants at these two events had rave reviews for the programs and expertise of the presenters. In the "Pathways to Retirement" Program, the retired employees' presentations stole the show with their genuine recounting of their struggles with deciding to retire and how they felt about their decision now.

Back by popular demand this year is the Zenger Miller's Achieve **"Front Line Leadership"** Program which offers managers the opportunity to enhance / increase nineteen (19) different leadership skills. Fifteen (15) of EPH's managers are actively involved in this award winning management program.

Staff and Volunteers help make Stewart Memorial Hospital's Meals on Wheels a Success

The Meals on Wheels Program, initiated by the Pastoral Care Committee of Stewart Memorial Hospital in Tyne Valley, was the result of concerns of Discharge Staff who identified support needed in this area.

A start-up fundraiser was held at the Tyne Valley Youth Center in October of 1999. This lunch time barbecue, bake sale and blind auction received great community support and raised funds to offset the start up costs for the Meals on Wheels program to benefit the Foxley River to Grand River area.

The first meals were delivered in late October, 1999 and within two months, the operation reached a maximum of 8 meals per day, two days a week. Guidelines for the Meals on Wheels Program were drawn up by Margie Kays (East Prince Health Nutrition Services), Faye Feener (Nurse Coordinator), and the Kitchen Staff at Stewart Memorial Hospital. We now have seven on a waiting list and in September there will be a review of the great success of the program and to evaluate its further needs.

Doreen Wooder, Coordinator for the Meals on Wheels Program, said "I praise the cooperation and teamwork of Stewart Memorial Hospital as a whole, and the kitchen staff in particular. The meals are not only nutritional and varied but taste terrific."

The volunteers in the Tyne Valley area who help in the kitchen and also deliver the meals take a little time to visit and talk with each client to make sure they know the Meals on Wheels people care about them. The program also aims to have the same volunteer driver deliver to the same client and as a result they get to know them and they are better able to identify if there seems to be an area of health concern. If there is a concern, it is confidentially passed on to the Program Coordinator who, in turn, passes it on to the proper healthcare worker. The feedback from clients and their families in this program is very positive and both have greatly benefited.

The Meals on Wheels Program at Stewart Memorial Hospital is successful because of the cooperation and teamwork of Hospital staff, Pastoral Care Committee and wonderful community volunteers.

Stewart Memorial Hospital Foundation

Stewart Memorial Hospital Foundation was incorporated on January 25, 1995 and with the continuing support of the hospital community we have been able to meet all of the requests of Stewart Memorial Hospital for much needed equipment. The foundation's goal to replace all of the old manual operated beds with state of the art electric beds has been achieved and the hospital now has 24 such beds. (23 for patient care and one in emergency).

Total income for the year ended March 31/ 2000 was $43,345.00 with approved expenditures of $60,493.00 (major expense - being for 10 Electric Beds and the new ECG machine). The Electric Beds provide much comfort for patients as well as making life much easier for the nursing staff.

New mattresses were also purchased for Stewart Memorial with the total cost of beds and mattresses being $86,000.00. Because of the Y2K problems at the beginning of the year 2000 it was necessary for the hospital to replace it's ECG Machine and this was provided at an expenditure of $13,856.00. The foundation's primary purpose is to receive and hold in custody all gifts, donations, bequests etc.; to run fund raising campaigns where necessary and to utilize the monies received for the benefit of Stewart Memorial Hospital and the foundations Home Care Program.

The Foundation is very pleased with their Home Care Program which involves equipment loan activity. The total value of equipment available under the program now stands at $8530.00 and includes wheelchairs, maximists, walkers, canes, crutches, commode chairs, raised toilet seats, tub safety rails and bath and shower seats. Over the past 5 years, the foundation has purchased equipment for Stewart Memorial Hospital and its Home Care Program, totaling sum of $200,000.00.

All of this is made possible from the Hospital Community generous support. Members of the board include Clyde Minard - pres., Douglas MacDougall Vice-pres., Ruth MacLennan, Lynden Ellis, Leigh Newcombe, Evelyn Frost, Alvin Hardy, and Erwin Dennis.

The Prince County Hospital Auxiliary has had another successful busy year. In April, during Showcase '99, the Auxiliary had a booth to promote its activities. In late August, the auxiliary and many volunteers took on the envelope stuffing for the foundations Annual Campaign. In September, we helped with the popular story-telling Festival.

November and December were busy months with four popular bake sales and the stuffing of envelopes for the Foundation's Lights for Life campaign. As well, tickets were sold at the County Fair Mall on the Foundation's hand-made Father Christmas. On the evening of the tree-lighting ceremony the auxiliary passed out hot beverages and books, which had been assembled by auxiliary and volunteers. Also, turkeys were donated to the CBC Turkey Drive. The "Mistle toe Mall" was a Christmas shopping day for children where they could shop, without parents, for reasonably priced gifts. Members of the auxiliary were there to help with purchases and with gift-wrapping.

In February the popular Gem-of-an-Evening dinner was held at Seasons-In-Thyme, the diamond was won by Auxilian Dorothy Inman. In March, members and volunteers were mailing out tea bags for the successful "Make-Believe-Tea" . The Adele Gardiner Nursing Bursery was inaugurated and is to be given to a 2nd, 3rd, or 4th year Prince County Nursing student at UPEI, in honor of auxiliary member, Adele Gardiner, for her twelve years of dedicated volunteer service to Life-line. As well as these activities the Auxiliary is kept busy with its numerous interests following its motto: Caring, Sharing and Giving.

Prince County Hospital Foundation

The main purpose for Prince County Hospital Foundation's existence is to ensure that Prince County Hospital is properly equipped so that doctors, nurses and other medical staff are able to deliver quality services to the public. The Foundation volunteers and staff are grateful for all support from every sector which opens its heart to contribute to a strong Hospital.

The last year of the millennium was a busy one for the Foundation. Throughout the year, the foundation was pleased to report yet another increase in the financial support from the public. More than 7000 donations totaling $516,000 were received and this included approximately 2000 gifts adding up to $104,000 for the heart warming Lights For Life celebration alone, an event which has grown to be the Island's largest Christmas Fundraising Event.

The 1999 year also saw the Prince County Hospital Foundation preparing for the largest healthcare fundraising campaign ever undertaken in Prince Edward Island. The purpose of this campaign launched in the year 2000 is to equip our new health facility scheduled to open in 2003. For this mammoth $12.5 million campaign the Foundation Board put in place a 12 member volunteer Capital Campaign Council Chaired by Derek Key.

There are also other important volunteers who assist the Foundation to raise money for the hospital. The Hospital Auxiliary is a long-standing group which has given many thousands of hours and dollars to Prince County Hospital over the years, for which the Foundation is grateful. Also, Youth in Motion consists of high school students also dedicated to the strengthening of our regional health facility. Together these non-profit groups endeavor to meet Prince County Hospital's equipment needs now and for the future.

Of course, everyone is looking forward with anticipation for the time when the new health facility will open. This bigger, more sophisticated facility gives cause for the community to be excited as we watch the ground being prepared for construction which will begin in the next year. From the level of support given to the Foundation, it is evident that the community shares our excitement as we all build our health system of the future.

Gifts received between September - December represent 79% of the total monies received in 1999 significantly due to another successful Life for Lights campaign.

Gifts Received In 1999

Gifts Received September to December
Gifts Received January to August

East Prince Health's Volunteer Services Program

The Volunteer Program works closely with staff and organizations in the East Prince community to provide an opportunity for citizens to volunteer while providing a channel for community input in the regions' services. This offers a link between our EPH programs and citizens who want to make a difference in their community.

Whether it is helping a resident at a Manor, assisting staff with a special project , fundraising, offering hospitality at a Hospital, or working with children or seniors, there are many different volunteer roles which contribute to our services.

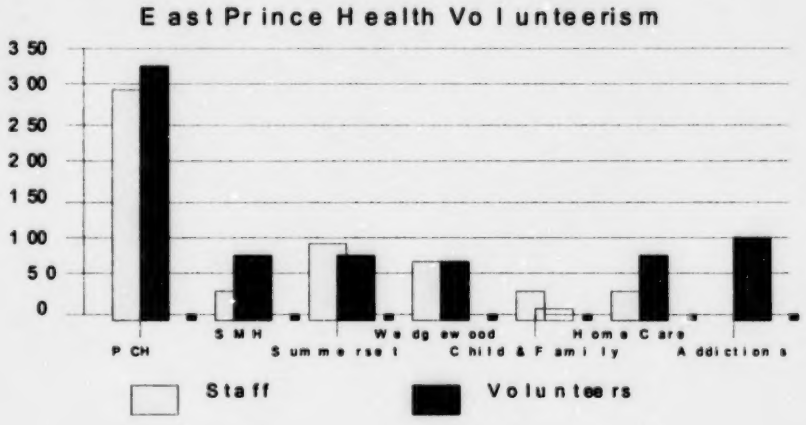
This past year there were 68 citizens who inquired to volunteer at any one of 14 East Prince Health worksites. Volunteer orientation and training sessions were held throughout the year and volunteers attended regional training sessions, including Community and Staff Wellness Days. There are now 428 volunteer contacts in the region.

New initiatives include a student program in the Outpatients Department at Prince County Hospital. High School students volunteer two hours once a week, during evening or weekend shifts. While offering meaningful assistance to staff and patients, the students have an opportunity to learn and experience the important role of the Outpatient Dept.

Several news articles, radio segments, and displays highlighted Volunteer Week, April 9-15th. A Newsletter was published by the EPH Volunteer Program and distributed to volunteers, worksites and community.

Annual recognition events were held at various worksites. Special recognition highlights included an award for Kay MacLean, a very valued volunteer from Stewart Memorial Hospital. She was honoured with an "Angel Award" for her many volunteer efforts and a surprise recognition party included poems and songs written in her honour by patients, staff and volunteers. Alvina Arsenault, a dedicated volunteer for Summerset Manor was nominated by staff and became the recipient of the "Maritimer of the Week Award" given by CTV Television Program to recognize the outstanding contributions of individuals in our communities.

Since the launch of the East Prince Health Volunteer Services program in 1997 there has been a steady increase in the number of volunteers.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Staff
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East Prince Health
Financial Statements

March 31, 2000

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Auditors' Report

To the Members of the Board of
East Prince Health:

We have audited the balance sheet of East Prince Health as at March 31, 2000, and the statements of revenue and expenses, fund balance, cash flows and tangible capital assets for the year then ended. These financial statements are the responsibility of the region's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Region as at March 31, 2000, and the results of its operations and the its cash flows for the year then ended in accordance with generally accepted accounting principles.

Summerside, Prince Edward Island

June 23, 2000

Grant Thornton LLP

Chartered Accountants

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East Prince Health
Statement of Revenue and Expenses

Year Ended March 31

	2000	1999
Revenue		
Department of Health and Social Services (Note 7)	**$ 47,005,968**	$ 44,421,017
Patient/client fees	**1,448,776**	1,346,705
Special projects and other (Note 8)	**401,181**	479,512
Donations - Prince County Hospital Foundation (Note 9)	**353,940**	560,824
	49,209,865	46,808,058
Expenses		
Hospital services	**23,489,091**	21,596,600
Child & Family services	**10,343,763**	10,657,737
Long term care	**8,712,035**	8,230,225
Addiction services	**1,543,825**	1,379,191
Home Care	**1,299,724**	1,150,222
Housing services	**1,201,951**	1,131,117
Community Development (Note 10)	**1,017,391**	1,034,266
Public Health	**649,267**	620,663
Mental Health	**462,626**	455,937
Job Creation Program	**258,993**	357,002
Health Facility Planning	**221,434**	184,609
Interest on long term debt	**9,765**	10,489
	49,209,865	46,808,058
Excess of revenue over expenses	**$ -**	$ -

See accompanying notes to the financial statements.

East Prince Health
Balance Sheet

March 31

	2000	1999
Assets		
Current		
Cash - unrestricted	**$ 1,134,537**	$ 908,899
Cash - restricted (Note 3)	**29,865**	28,820
Accounts receivable (Note 4)	**4,535,347**	4,672,424
Prepaid expenses	**170,638**	149,055
Due from Prince County Hospital Foundation	**594,165**	437,601
	6,464,552	6,196,799
Investments in bonds and certificates at cost, estimated market value $213,146 (1999 - $224,880)	**200,000**	200,000
	$ 6,664,552	$ 6,396,799
Liabilities		
Current		
Payables and accruals (Note 5)	**$ 5,927,131**	$ 5,614,157
Funds held in trust	**29,865**	28,820
Current portion of long term debt	**14,955**	14,192
	5,971,951	5,657,169
Long term debt (Note 6)	**152,519**	167,475
	6,124,470	5,824,644
Fund balances		
Appropriated Fund (Page 4)	**540,082**	572,155
	$ 6,664,552	$ 6,396,799

Uncertainty (Note 11)

On behalf of the Board

Board Member

Board Member

See accompanying notes to the financial statements.

East Prince Health
Statement of Fund Balances

March 31	2000	1999
Appropriated Fund		
Fund balance, beginning of year	**$ 572,155**	$ 517,328
Donation revenue	**-**	150,000
Capital expenditures	**(32,073)**	(95,173)
Fund balance, end of year	**$ 540,082**	$ 572,155

See accompanying notes to the financial statements.

East Prince Health
Statement of Cash Flows

Year Ended March 31

	2000	1999
Increase (decrease) in cash and cash equivalents		
Operations		
Changes in		
Cash - restricted	**$ (1,045)**	$ (1,201)
Accounts receivable	**137,077**	68,874
Prepaid expenses	**(21,583)**	115,380
Payables and accruals	**312,974**	4,357
Funds held in trust	**1,045**	(2,662)
	428,468	184,748
Financing		
Repayment of long term debt	**(14,192)**	(13,468)
Advance to Prince County Hospital Foundation Inc.	**(156,565)**	(370,109)
Decrease in appropriated funds	**(32,073)**	54,827
	(202,830)	(328,750)
Net increase (decrease) in cash and cash equivalents	**225,638**	(144,002)
Cash and cash equivalents, beginning of year	**908,899**	1,052,901
Cash and cash equivalents, end of year	**$ 1,134,537**	$ 908,899

See accompanying notes to the financial statements.

East Prince Health
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Pavement	Buildings	Equipment	2000 Total	1999 Total
Cost of Tangible Capital Assets						
Opening cost	$ 134,310	$ 57,666	$ 6,974,322	$ 9,842,215	**$ 17,008,513**	$ 16,411,155
Additions				674,919	**674,919**	597,358
Closing cost	134,310	57,666	6,974,322	10,517,134	**17,683,432**	17,008,513
Accumulated Depreciation						
Opening balance		57,666	4,654,100	5,354,039	**10,065,805**	9,677,545
Add: depreciation			88,165	319,875	**408,040**	388,260
Closing balance		57,666	4,654,100	5,673,914	**10,473,845**	10,065,805
Net Carrying Amount of Tangible Capital Assets	$ 134,310	$ NIL	$ 2,232,057	$ 4,843,220	**$ 7,209,587**	$ 6,942,708

See accompanying notes to the financial statements.

East Prince Health
Notes to the Financial Statements
March 31, 2000

1. Nature of operations

East Prince Health, a non-profit organization, operates under the authority of the Health and Community Services Act, Part III (the "Act"). East Prince Health commenced operations on April 5, 1994 when the Health and Community Services Agency (the "Agency") approved the establishment of the regional health authorities as provided under the Act. The Agency Board also approved the core services that must be available and reasonably accessible to all residents of East Prince.
The core services managed by East Prince Health on behalf of residents of East Prince and the Province of P.E.I. are:

Program/Service	
Child and Family Services	Prince County Hospital
Home Care	Public Health Nursing
Housing	Stewart Memorial Hospital
Community Mental Health	Summerset Manor
Prince County Addiction Services	Wedgewood Manor
Job Creation Program	Community Development

2. Summary of significant accounting policies

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks, net of bank overdrafts.

Financial Support Overpayments

Financial support overpayments are recorded as receivable when identified with a full provision as a doubtful account. Recoveries of financial support overpayments are credited to financial support expenditures when received.

Income from Investments

Income from investments is recorded on a cash basis.

Tangible Capital Assets

Tangible capital assets are expensed as a component of program costs in the year of acquisition. During the year, capital asset purchases of $674,919 (1999 - $597,358) were expensed. The Authority received designated funding for capital purchases in the amount of $604,500 (1999 - $850,000) during the year.

2. Summary of significant accounting policies (cont'd)

Inventory

Inventory in the amount of $493,676 (1999 - $385,305) has not been reflected on the Balance Sheet.

Appropriated Fund

East Prince Health received $750,000 ($150,000 per year from 1995 to 1999) from the Prince County Hospital Foundation to fund information technology initiatives. The appropriated fund balance represents the unexpended portion of these funds. The fund is reduced each year by the amount of capital expenditures relating to information technology.

Vacation Pay and Retirement Allowances

Vacation pay is recorded as a liability when earned. Retirement allowances are recorded as a liability when an employee meets the eligibility criteria. Retiring allowances are funded separately from the regular funding received from the Department of Health and Social Services except for Prince County Hospital which is funded on an ongoing basis.

Pension Plans

Employees of East Prince Health belong to different pension plans according to their historical workplace. Former hospital employees and all new employees since regionalization are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island. The hospital pension plan is a defined benefit pension plan for basic pension contributions and a defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report dated January 1, 1997 employer contributions to the pension plan are sufficient to meet the requirements of the plan and a pension fund surplus existed at that date. The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island. These pension plans are not reflected in these financial statements.

General

These financial statements do not include the assets, liabilities and activities of the Prince County Hospital Foundation Inc. and Stewart Memorial Hospital Foundation Inc. and the hospitals' auxiliaries.

2. Summary of significant accounting policies (cont'd)

Other

East Prince Health acts as an agent for the Province of P.E.I. for the collection of revenues. During the year revenue of $2,899,117 (1999 - $2,691,461) was collected from the following areas:

Long term Care
Housing Services
Home Care
Addiction Services
Public Health Nursing

Revenues collected are not reflected in the body of the financial statements.

3. Cash-restricted	**2000**	1999
Resident Trust Funds	**$ 21,700**	$ 21,353
Memorial Trust Funds	**8,165**	7,467
	$ 29,865	$ 28,820

4. Accounts receivable	**2000**	1999
Financial Support overpayments	**$ 1,283,632**	$ 1,349,557
Patients and other	**827,801**	771,773
Department of Health and Social Services	**3,710,804**	3,912,153
	5,822,237	6,033,483
Less: allowance for doubtful accounts	**(1,286,890)**	(1,361,059)
	$ 4,535,347	$ 4,672,424

5. Payables and accruals	**2000**	1999
Trade	**$ 1,677,272**	$ 1,109,814
Deferred revenue	**391,845**	316,630
Accrued salaries and benefits	**3,858,014**	4,187,713
	$ 5,927,131	$ 5,614,157

6. Long term debt

	2000	1999
Municipal Development Loan Board debenture payable in annual installments of $23,957 including interest at 5 3/8% maturing in 2008.	**$ 167,474**	$ 181,667
Less: current portion of long term debt	**14,955**	14,192
	$ 152,519	$ 167,475

Annual principal repayments over the next five years are as follows: 2001 - $14,955; 2002 - $15,759; 2003 - $16,606; 2004 - $17,499; 2005 - $18,439.

Funds are provided annually by the Department of Health and Social Services for the above repayments.

7. Department of Health and Social Services Funding

	2000	1999
Operations	**$ 46,220,688**	$ 44,232,967
Capital	**166,074**	3,441
Health Stabilization Fund	**397,772**	
Health Facility Planning	**221,434**	184,609
	$ 47,005,968	$ 44,421,017

8. Special projects and other

During the year, East Prince Health participated in various projects and initiatives, such as the community labor – management partnership project and the rural pallative home care project, whereby funding was provided by project sponsors. The related project expenditures are included in Community Development expenses.

9. Donations – Prince County Hospital Foundation

During the year, East Prince Heath received donations towards the purchase of medical and non-medical equipment in the amount of $517,000 (1999 - $520,000). However, certain equipment acquisitions approved during the year did not occur until subsequent to year end. Accordingly, $195,133 (1999 - $70,486) of donations are included in deferred revenue.

10. Community development	2000	1999
Grants to non-governmental organziations	$ 647,500	$ 610,900
Evangeline Health Centre	225,547	207,600
Special projects and other	144,344	215,766
	$ 1,017,391	$ 1,034,266

11. Uncertainty due to the Year 2000 Issue

The Year 2000 Issue arises because many computerized systems use two digits rather than four to identify a year. Date-sensitive systems may recognize the year 2000 as 1900 or some other date, resulting in errors when information using year 2000 dates is processed. In addition, similar problems may arise in some systems which use certain dates in 1999 to represent something other than a date. Although the change in date has occurred, it is not possible to conclude that all aspects of the Year 2000 Issue that may affect the Company, including those related to customers, suppliers or other third parties, have been fully resolved.